

SCREENING SITE MANUAL

All Women Count!

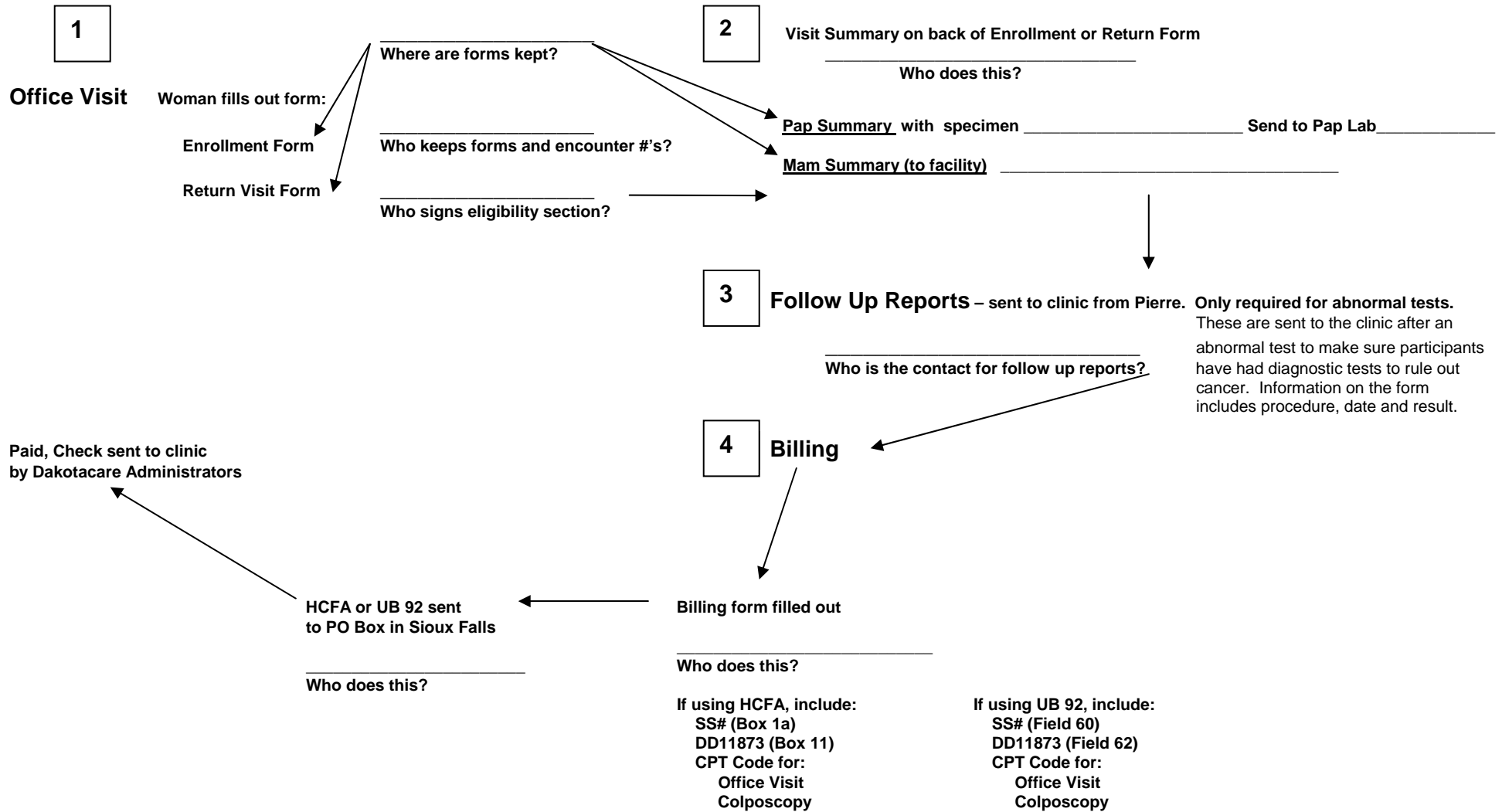
ALL WOMEN COUNT!

SOUTH DAKOTA DEPARTMENT OF HEALTH

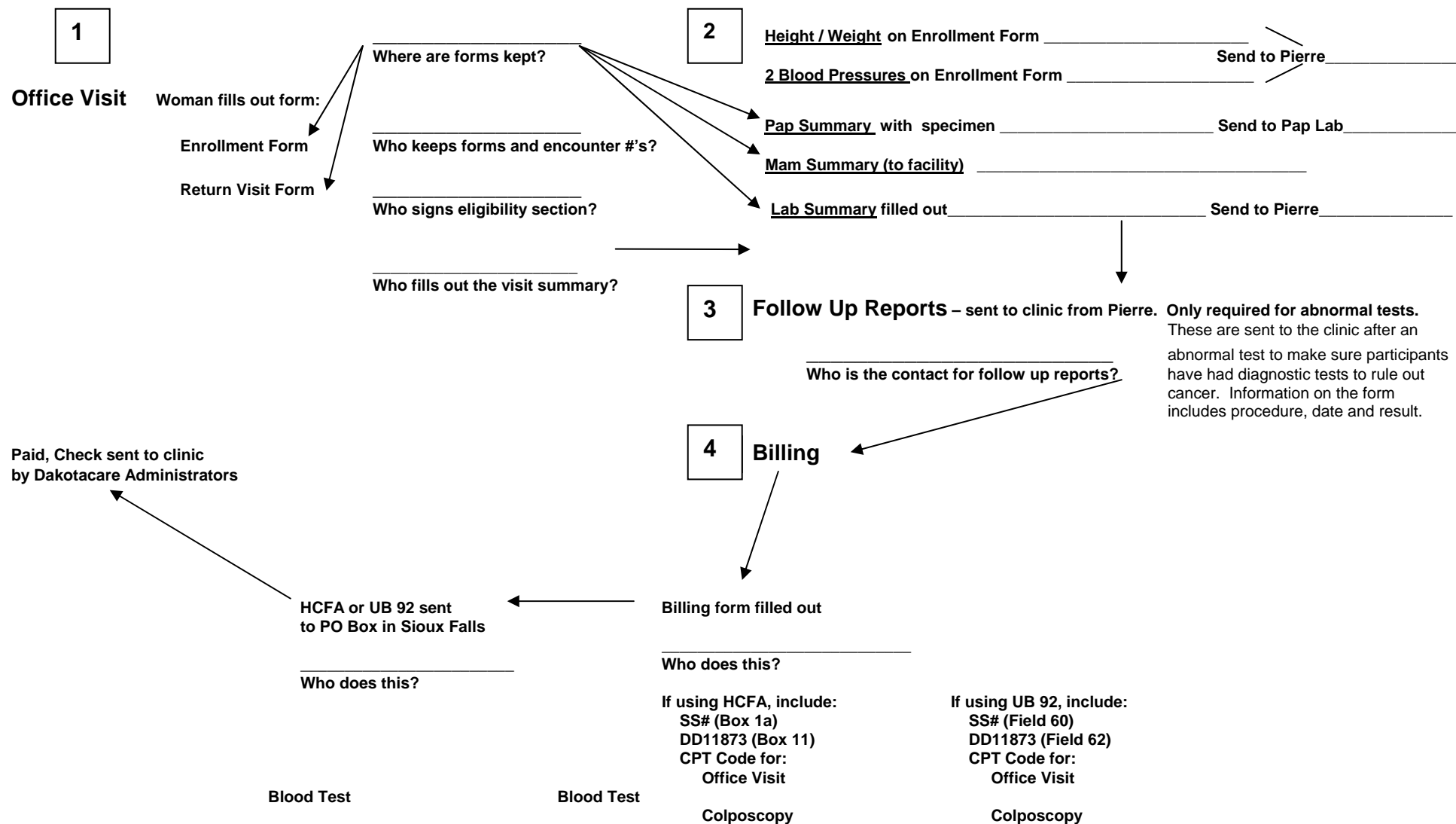
“Step-by-step”

1. Woman hears of program through media, hotline, clinic staff, public health, etc.
2. Woman calls site for information/appointment.
3. Woman fills out AWC Enrollment form (ivory or pink) or brings completed form to site.
 - Site determines women’s eligibility or accepts completed form.
 - Woman signs Consent for Release of Information to AWC!
 - Site assigns Encounter number (for tracking).
4. Site performs exam (pelvic, pap, breast) and does related patient teaching. Sends Pap specimen and Pap Summary form (green), with AWC! Encounter Number to lab.
5. Site schedules mammogram, initiates Mammogram Summary form (yellow) and sends form to radiologist. Site uses same encounter number as enrollment.
6. Site’s clinician completes Visit Summary on the last page of Enrollment form (ivory or pink). Medical record also maintained by site.
7. Site’s billing office completes HCFA 1500 billing form (or bills insurance if applicable) and mails to AWC! PO Box 1506, Sioux Falls SD 57101-1506.
8. Site enters patients into tracking system and mails enrollment forms to AWC! weekly.
9. Woman has mammogram.
10. Site receives Pap and mammogram results.
11. Lab mails Pap Summary form (green) to AWC! Radiologist mails Mammogram Summary form (yellow) to AWC!
12. If results are normal, site notifies patient and recalls her next year (AWC! mails recall lists to site and patient).
13. If abnormal, site facilitates follow-up care and responds to AWC!’s request for follow-up information.

AWC! Workflow Breast and Cervical Cancer Screening



AWC! Chronic Disease Workflow



All Women Count!

Eligibility Determination and Billing

1. Eligibility Determination

- Eligibility is determined at the clinic site. To answer questions about eligibility use the Eligibility Guidelines and the Income Guidelines for Screening Eligibility.
- Call All Women Count! 1-800-738-2301 if there are special circumstances.
- Each clinic keeps a supply of the forms (**Enrollment**, **Return Visit**, **Mammogram Summary**, **Pap Summary** and **Lab Summary**). Call 1-800-738-2301 to order more forms.

2. Enrollment

Pink Enrollment Form (only needs to be filled out at the initial visit)

- The woman needs to complete a **Pink Enrollment Form**
- The woman gives the enrollment form back to the nurse or the receptionist—they review the form for completeness (especially the signature on the front and page 3. The person verifying eligibility needs to complete questions 44-47 and sign the form.
- The woman then proceeds to have the 1) clinical breast exam 2) pap test and 3) two blood pressures 4) height and weight. The nurse completes the visit summary on the back. The completed form is mailed to Pierre.

NOTE: If the completed form is given to the billing office, they need to send the form to Pierre

Blue Return Visit (filled out at any visit except the initial one)

- Once a woman fills out the Enrollment Form then every new AWC! visit she completes the **Blue Return Visit** Form.
- Once the woman completes the **Blue Return Visit** Form and gives it to the nurse or receptionist, they review the form for completeness, fill out and sign the eligibility determination section. The nurse fills out the visit summary on the back. The completed form is mailed to Pierre.

NOTE: If the completed form is given to the billing office, they need to send the form to Pierre.

3. Clinic Test Reports

Yellow Mammogram Summary Form

- If a woman is age eligible for a mammogram an appointment is set up with the radiology/mammogram facility following the clinic's procedure. The **Mammogram Summary Form** is mailed to the radiology facility with the **patient's name** and the same **encounter number on the form**. Another option is to have the woman take the form with her to her mammogram appointment. After the woman has had her mammogram, the radiology facility mails the completed form to Pierre and the bill is mailed to the PO Box in Sioux Falls.

Note: If the form is not given to the mammogram facility, they have no way knowing to bill All Women Count! and problems arise.

Green Pap Summary Form

- The **Pap Summary Form** is sent to the lab with the specimen. If a requisition form is sent to the Lab, it must state, "Bill All Women Count!". The form needs to have the woman's name and same encounter number on it. The lab mails the completed form to Pierre and the bill to the PO Box in Sioux Falls.

Gray Lab Summary Form

- The form needs to have the woman's name and same encounter number on it. The **Lab Summary Form** is completed at the clinic and sent to Pierre. The bill is sent to the PO Box in Sioux Falls.

Note: If the clinic sends blood work to a lab outside the clinic, they must be notified to bill All Women Count! The clinic still needs to send the results to Pierre.

4. Encounter Numbers

- Each All Women Count! site has their own set of encounter numbers. These numbers identify both the clinic and the individual woman's visit. The same encounter number needs to be placed on both sides of the Enrollment Form or Return Visit Form, Lab Summary, Pap Summary and Mammogram Summary for each individual visit.
- **Rule for encounter numbers** – one set of numbers per woman per visit. Do not reuse an encounter number for more than one visit. Do not save used encounter numbers. If you do not use the whole strip (8 stickers) of one number, throw it away.
You can order more encounter numbers by calling 1-800-738-2301.

5. Mailing the forms

All the forms – Enrollment, Return Visit, Lab Summary, Pap Summary and Mammogram Summary are mailed to:

All Women Count!
615 East 4th Street
Pierre, SD 57501

6. Billing for Services

AWC! will pay for services listed on the "Payment Schedule of allowed services by CPT code" list. (If there are questions, call the AWC! Program at 1-800-738-2301).

Completing the HCFA 1500 or UB 92

HCFA: Box 1a on the **HCFA** needs a **social security number**
Box 11 needs this identifier number – **DD11873**

UB92: Field 60 needs a social security number
Field 64 needs the identifier **DD11873**

The Billing office mails bills only on (HCFA 1500 or UB 92) to

ALL WOMEN COUNT!
PO Box 1506
Sioux Falls, SD 57101-1506

All Women Count!
Breast and Cervical Cancer Program
Eligibility Determination and Billing

1. Eligibility Determination

- Eligibility is determined at the clinic site. To answer questions about eligibility use the Eligibility Guidelines and the Income Guidelines for Screening Eligibility.
- Call All Women Count! 1-800-738-2301 if there are special circumstances.
- Each clinic keeps a supply of the forms (**Enrollment**, **Return Visit**, **Mammogram Summary**, **Pap Summary**).
Call 1-800-738-2301 to order more forms.

2. Enrollment

Tan Enrollment Form (only needs to be filled out at the initial visit)

- The woman needs to complete a **Tan Enrollment Form**
- The woman gives the enrollment form back to the nurse or the receptionist—they review the form for completeness (especially the signature on the front and page 3. The person verifying eligibility needs to complete questions 32-34 and sign the form.
- The woman then proceeds to have the clinical breast exam and, perhaps a pap test. The nurse completes the Visit Summary on the back. The completed form is mailed to Pierre.

NOTE: If the completed form is given to the billing office, they need to send the form to Pierre and the bill to the PO Box in Sioux Falls.

Blue Return Visit (filled out at any visit except the initial one)

- Once a woman fills out the Enrollment Form then every new AWC! visit she completes the **Blue Return Visit Form**.
- Once the woman completes the **Blue Return Visit Form** and gives it to the nurse or receptionist, they review the form for completeness and verifies income eligibility. The nurse fills out the Visit Summary on the back. The completed form is mailed to Pierre.

NOTE: If the completed form is given to the billing office, they need to send the form to Pierre and the bill to the PO Box in Sioux Falls.

3. Clinic Test Reports

Yellow Mammogram Summary Form

- If a woman is age eligible for a mammogram an appointment is set up with the radiology/mammogram facility following the clinic's procedure. The **Mammogram Summary Form** is mailed to the radiology facility with the **patient's name** and the same **encounter number on the form**. Another option is to have the woman take the form with her to her mammogram appointment. After the woman has had her mammogram, the radiology facility mails the completed form to Pierre and the bill is mailed to the PO Box in Sioux Falls.

Note: If the form is not given to the mammogram facility, they have no way knowing to bill All Women Count! and problems arise.

Green Pap Summary Form

- The **Pap Summary Form** is sent to the lab with the specimen. If a requisition form is sent to the Lab, it must state, "bill All Women Count!". The form needs to have the woman's name and same encounter number on it. The lab mails the completed form to Pierre and the bill to the PO Box in Sioux Falls.

4. Encounter Numbers

- Each All Women Count! site has their own set of encounter numbers. These numbers identify both the clinic and the individual woman's visit. The same encounter number needs to be placed on both sides of the Enrollment Form or Return Visit Form, Lab Summary, Pap Summary and Mammogram Summary for each individual visit.
- **Rule for encounter numbers** – one set of numbers per woman per visit. Do not reuse an encounter number for more than one visit. Do not save used encounter numbers. If you do not use the whole strip (5 stickers) of one number, throw it away.
You can order more encounter numbers by calling 1-800-738-2301.

5. Mailing the forms

All the forms – Enrollment, Return Visit, Pap Summary and Mammogram Summary are mailed to:

All Women Count!
615 East 4th Street
Pierre, SD 57501

6. Billing for Services

AWC! will pay for services listed on the "Payment Schedule of Allowed services by CPT code" list. (If there are questions, call the AWC! Program at 1-800-738-2301).

Completing the HCFA 1500 or UB 92

HCFA: Box 1a on the HCFA needs a **social security number**
Box 11 needs this identifier number – **DD11873**

UB92: Field 60 needs a social security number
Field 64 needs the identifier **DD11873**

The Billing office mails bills only on (HCFA 1500 or UB 92) to

ALL WOMEN COUNT!
PO Box 1506
Sioux Falls, SD 57101-1506

CHAPTER 1

INTRODUCTION

Welcome to All Women Count! (AWC!) the South Dakota Breast and Cervical Cancer Control Program. By becoming an AWC! screening site, you are joining a growing network of health care providers working to bring regular, high quality cancer screening to South Dakota women. The purpose of this manual is to help you plan for becoming an AWC! screening site, and to serve as your ongoing reference about AWC! procedures and policies.

Why is there a Breast and Cervical Cancer Control Program?

Cancers of the breast and cervix are significant public health problems in the United States.

Breast cancer is the most common cancer in American women, accounting for 15% of all cancers in this group. The American Cancer Society estimates that in 2005, 211,240 American women will be diagnosed with invasive breast cancer, and 40,410 women will die from the disease. In addition to invasive breast cancer, 58,490 new cases of in situ breast cancer are expected to occur among women during 2005. Of these, approximately 85% will be ductal carcinoma in situ (DCIS). The increase in detection of DCIS cases is a direct result of increased use of mammography screening, which is also responsible for detection of invasive cancers, at a less advanced stage than might have occurred otherwise. Approximately 10,370 new cases of invasive cervical cancer are expected, with an estimated 3,710 deaths. In South Dakota alone in 2001 there were 88 deaths due to female breast cancer. During 2001, 8 women died due to cervical cancer. In addition, many more women require extensive treatment for pre-cancerous lesions of the cervix.

It is important to recognize that although assessing for individual cancer risk may be helpful in some situations, more than three-quarters of women with breast cancer have no identifiable risk factors such as family history of the disease. The two greatest risk factors for breast cancer are

growing older and being female. Other risk factors include women who have a personal or family history of breast cancer, biopsy-confirmed atypical hyperplasia, increased breast density, a long menstrual history (menstrual periods that started early and ended late in life), intake of high fat diets, obesity, alcohol consumption, history of fibrocystic disease, recent use of oral contraceptives or postmenopausal estrogens and progestin, who have never had children or had their first child after age 30. In the case of cervical cancer, risk factors are more clearly defined; they include early age at first intercourse, history of sexually transmitted infections such as Human Papilloma Virus, multiple sexual partners, and cigarette smoking. Infection with HPV is a primary risk factor for cervical cancer.

Cancer survival rates are directly related to the stage of the disease at the time of diagnosis. Women who are not regularly screened for breast and cervical cancer are at greater risk of having the disease and for having later-stage diagnoses. Early detection through regular screening is the best tool women have for preventing death from breast and cervical cancer. There is strong evidence that regular, high quality screening of age-appropriate women is a helpful and cost-effective way of identifying breast and cervical cancers in their early stages and reducing the number of deaths. In the case of breast cancer screening, the evidence is especially strong that women age 50 and over benefit from annual mammography screening. A 30% reduction in breast cancer mortality could be expected if widespread regular screening programs were in place. The American Cancer Society currently recommends that women be screened according to the following guidelines:

BREAST CANCER SCREENING GUIDELINES

American Cancer Society

<u>Starting at age 20</u>	Breast Self Exam monthly.
<u>Age 20-39</u>	Breast Self Exam monthly. Clinical Breast Exam every 3 years.
<u>Age 35-39</u>	Baseline Mammogram
<u>Age 40 and above</u>	Breast Self Exam monthly. Clinical Breast Exam yearly. Screening mammogram yearly.

NOTE: **These guidelines are for asymptomatic women.** Women with symptoms should consult their physician for advice.

CERVICAL CANCER SCREENING GUIDELINES

<u>Starting at age 18, or onset of sexual activity</u>	Pap smear every year. After 3 or more consecutive annual exams with normal findings, the Pap test may be performed less frequently. This standard is based on guidelines from The American College of Obstetricians and Gynecologists (ACOG) www.acog.com , the Center for Disease Control and Prevention (CDC) www.cdc.gov/cancer , and the National Institutes of Health (NIH) www.nih.gov
--	---

NOTE: **These guidelines are for low-risk women.** Women at high risk of developing cervical cancer may need more frequent screening.

The AWC! Program came into being after the Breast and Cervical Cancer Mortality Prevention Act of 1990 was passed by Congress as an amendment to the U. S. Public Health Service Act. In 1996, the South Dakota Department of Health was one of 17 states receiving funding under this Act from the U.S. Centers for Disease Control and Prevention to establish a statewide breast and

cervical cancer control program. As of late 1996, the national program had grown to include all 50 states and 20 tribes and territories.

In addition to paying for specific screening and diagnostic tests, AWC! works with screening sites to follow-up and track women who have abnormal tests, to ensure that they obtain any needed follow-up care. As of April 2001, if a woman is screened through All Women Count! and found to be in need of treatment for breast or cervical cancer, there is coverage available.

The woman must be uninsured and meet the All Women Count! Program guidelines. The woman is entitled to full Medical Assistance coverage until her treatment is completed. AWC! also assists sites to rescreen enrolled women regularly, according to the recommended guidelines. Other AWC! activities include public and health professional education, quality assurance, working with a statewide coalition to address related issues, and evaluating the effectiveness of the program.

The remainder of this manual describes how you can identify and reach out to women in need of screening, determine their eligibility, provide AWC! screening services, track abnormal results, remind women when they are due to return, and bill AWC!

Assistance Available From AWC! Staff

AWC! staff will be available to you in the form of individual on-site training for your staff, educational materials, and telephone consultation and problem-solving as needed. Please contact us at (800) 738-2301.

WHO TO CALL FOR QUESTIONS AND ANSWERS

All Women Count! (AWC!)

South Dakota Department of Health (DOH) - Pierre
1-800-738-2301

-Norma Schmidt (605-773-5728)
Eligibility, General program issues or questions

-Patty Lihs (605-773-3622)
Public Education, DOH Materials

-Roberta Hofeldt (605-773-4379)
Tracking, Care Coordination, Follow-up, Provider Training

-Tyann Gildemaster (605-773-4048)
Records Manager

American Cancer Society (ACS) – Sioux Falls # 1-800-660-7703

-Jill Ireland (605-361-8277)
Outreach, ACS Materials, SD Women's Cancer Network

CHAPTER 2

OUTREACH: REACHING WOMEN IN NEED OF SCREENING

Publicity Efforts

We encourage you to offer the AWC! program to your current clients who are not getting screened, and also to market your services to women in your community who are new to your facility. Please focus your outreach efforts on reaching women ages 30-64 for Pap smears and 50-64 for mammograms. Women in the latter age group have a higher incidence of breast cancer and obtain screening less often than recommended. It is crucial that they be reached and brought in for screening. Early detection and treatment can make a world of difference for them!

To get the word out, AWC! uses many of the following strategies: placing newspaper and radio advertising, placing posters and flyers strategically in local communities, giving presentations to community groups and women's groups, staffing booths at health fairs, distributing flyers or coupons, and more. AWC! will continue public education efforts focusing on the importance of screening, especially for older women.

Statewide Outreach

Your organization's name will appear on a list of sites that women may contact for AWC! services. This list is distributed in a variety of ways, including mailings, brochures, health fairs, conferences, internet and telephone referral lines operated year-round by the South Dakota Department of Health. Women throughout the state can call 1-800-738-2301 (DOH) for more information about AWC! eligibility and AWC! screening sites near them.

Through collaboration with the American Cancer Society, a statewide outreach program has been developed. Outreach volunteer recruiting, training, and updating events are planned at regular intervals throughout the year. The goal of such efforts is to promote one on one contact

with women to get them to a screening provider. You may receive referrals as a result of this activity.

CHAPTER 3

AWC! SCREENING PROGRAM PROCESS

In general, your responsibilities as an AWC! site are to:

- Identify age-appropriate women who need screening, determine their eligibility and enroll them in the program.
- Provide screening exams and education.
- Track your own AWC! patients and ensure that summaries of screening results are sent to AWC!.
- Notify women of their test results.
- Follow up with women who have abnormal results. Provide AWC! with brief summaries of follow-up care. These forms are to be mailed to 615E 4th, Pierre, SD 57501
- Send completed HCFA 1500 Universal Billing Form to AWC! for services provided. Billing forms are to be sent to AWC! PO Box 1506, Sioux Falls SD 57101-1506
- Remind women when they are due for future screenings. The AWC! Program will also send a reminder to the women. Annual screening can be between 10-14 month periods.
- Designate one person to be your administrative contact person for AWC!, one person to be your follow-up contact person (Can be the same person) and one person to be your billing contact person.

You may already do some of these as part of your regular patient care. AWC! staff will help you implement ways to do the rest.

Services Covered by AWC!

Screening and diagnostic services covered by AWC! include:

- Clinical breast exam
- Mammogram (both screening and diagnostic)
- Fine needle aspiration of a breast lump
- Ultrasound interpretation after mammogram
- Breast biopsy
- Pap smear and pelvic exam
- HPV tests for ASCUS Pap test results.
- Colposcopy and colposcopy-directed biopsy
- Leep
- Cone
- Endometrial Biopsy-please contact AWC! for recommendations of coverage.

Women need to be enrolled for screening services. If additional tests/follow-up are necessary, AWC! can cover the diagnostic procedures listed above.

A detailed list of services, CPT Codes, and reimbursement rates is found in Appendix C.

Eligibility Criteria

In order to qualify for AWC! a woman must meet all of the following guidelines (please keep in mind that AWC's! main focus is on women age 50 and above):

Income: At or below the income guidelines found in **Appendix A.***

Insurance status: Uninsured or underinsured (co-payment, limited coverage, unmet deductible, etc.).**

Age: Age 30 to 64 for cervical cancer screening.***
Age 50 to 64 for breast cancer screening.
Women with documented risk factors.****

* Use gross income before taxes or other deductions. For self-employed women, including farmers, use net household taxable income after deducting business expenses. AWC! income guidelines are revised in March of each year.

** AWC! is the payer of last resort. If a woman has another payment source that covers screening, such as private insurance this source must be billed first (see Chapter 6 for more information). AWC! will cover co-payments and deductibles to supplement other payers, so that AWC! services remain free to the patient.

*** AWC! will pay for Pap tests on an annual basis for women 30-64 who have an intact cervix. After a woman has had three, consecutive, normal Pap tests within a 5-year (60 months) period documented in the Program's records, the Pap test will only be covered every 3 years. Physician discretion may be used to authorize more frequent Pap tests as risk factors and other individual circumstances warrant. The suggested parameters for physician discretion include: >5 lifetime sexual partners, history of Human Papilloma Virus (HPV) or other sexually transmitted disease, immunosuppressed individuals, history of lower genital tract dysplasia or genital warts. Physician discretion should be documented on the enrollment form or a call made to the program at 1-800-738-2301.

If a woman receives an abnormal screening result at any time, policies related to the follow-up of abnormal Pap tests and reimbursement of diagnostic procedures should be followed. Once a woman has completed the recommended follow-up, she may again receive annual Pap tests until three, consecutive Pap screens within a 5-year (60 months) period are normal.

The vast majority of women who have had a hysterectomy do not have a cervix and are not at risk for developing cervical cancer. All Women Count! will not pay for cervical

cancer screening for women with hysterectomies, unless the hysterectomy was performed due to cervical neoplasia. All Women Count! will pay for an initial examination to determine if a woman has a cervix.

**** Women 30-49 are eligible for a diagnostic mammogram if they have documented breast signs or symptoms suspicious for cancer (i.e. palpable lump, bloody discharge, nipple inversion, ulceration, dimpling or inflammation of the skin). **Having a family history of breast cancer does not make a woman under 50 eligible for an AWC! mammogram unless she has suspicious signs or symptoms.** Any woman who does not meet age guidelines must have services pre-approved for payment. Pre-approval is obtained by calling AWC! at 1-800-738-2301.

A Note About Medicare and Medicaid...

Medicare B covers mammography every year for enrolled women. Medicare B also covers Pap tests every 2 years for enrolled women. Because of this coverage, women enrolled in Medicare B are not eligible for AWC! services. If she is not enrolled in Medicare, call 1-800-738-2301 for AWC! pre-approval. Medical Assistance or Medicaid patients are also not eligible for AWC!. Additional information about Medicaid is found on pages 3.8 and 5.3. There is information on pages 3.8 and 5.3 about the Medicaid Treatment Program (MTP).

Enrolling Women

Women may enroll in AWC! services at CHN offices or at participating AWC! screening sites. To enroll a woman in AWC!, have her complete the consent for release of information, questions 1-29 of the (ivory) AWC! Enrollment Form or questions 1-40 on the (pink) Chronic Disease Enrollment Form (see **Appendix H**). In addition to a signed consent for release of information, this form asks for her address, income, insurance coverage, and related information. Use this information to determine whether she is eligible. She does not need to prove her income; you

may accept her self-report. Many AWC! sites find it helpful to pre-screen women for eligibility over the phone before scheduling an appointment. **Appendix E** contains a sample pre-screening tool that you may adapt for use in your facility if you wish.

Once you have determined that a woman is eligible, assign her an AWC! Encounter Number and enter it on her Enrollment form. AWC! supplies you with Encounter Number labels in sets of eight. Each number consists of three letters unique to your individual site followed by three numbers unique to that patient for that day of service (eg “abc 123”). You will use the additional labels for her Pap smear, mammogram and /or lab summaries. Please discard any leftover labels with her unique number; they can **NOT** be used for another patient or for a later visit.

Providing Patient Care and Education

Once enrolled, the woman must have an examination which includes a clinical breast exam and/or a cervical exam **by a clinician at an AWC! screening site**, according to that site’s patient care protocols. The exam may be done by a physician, nurse practitioner, physician’s assistant, or nurse midwife. If the woman has recently had an exam at a non-AWC! location, she may receive screening services from you if she can document the date and provider name of the care and the care was received within the last 6 months. (For example, a woman states she had a clinical breast exam by Dr. X, 3 months ago. You may enroll in AWC! and provide mammography screening services without repeating the clinical breast exam. She can, of course, later request that medical records from her AWC! site be sent to another clinician, according to your usual procedure for release of medical records). If you have any questions, please call the Tracking and Care Coordinator. (see page 1.6)

After the examination is done, the clinician should complete the Visit Summary on the back page of the Enrollment Form. **Please review each form for completeness, enter the patient into your tracking system (see Appendix F for a sample tracking log), and mail original copies of the Enrollment forms to AWC! (615 E 4th ST, Pierre SD 57501) as soon as possible. To ensure that women are tracked adequately and that your bills are paid quickly, it is crucial that AWC! receive Enrollment forms (615 E 4th Pierre SD 57501) and HCFA 1500 billing forms (PO Box 1506 Sioux Falls SD 57101-1506) within 1-2 weeks of the exam.** If you wish, you may photocopy all or part of the form for your own records before sending it to AWC!.

Patient education, especially Breast Self-Examination instruction, should be a routine part of your cancer screening. Maintain medical records at your location, as you would with any other patient receiving your services. If you do not provide mammography, fine needle aspiration, and/or colposcopy services at your location, you may refer them out to AWC!-approved providers. You will need to develop referral procedures with those providers to ensure the smooth transfer of patient information and to make sure that AWC!, not the patient, is billed for services.

Reporting Test Results to AWC!

AWC! requires that you arrange with your cytology laboratory and radiologist to independently report Pap smear and mammogram results directly to AWC!, with the patients' individual Encounter Number attached. AWC! may require the clinic to send copies of lab reports and/or mammogram reports to us. AWC! uses this information to maintain a centralized, computerized tracking system that monitors the results and follow-up care of all women enrolled in the

program. This helps ensure that no woman is lost to follow-up. All patient information and test results are kept completely confidential by AWC! staff. Your clinic continues to receive test results and provide follow-up in your usual manner.

To arrange for AWC! to receive results, send an AWC! Pap Summary form with the patient's Pap smear, and AWC! Mammogram Summary form to the radiology department when you schedule her mammogram (see **Appendix H** for examples of these forms). The AWC! Encounter Number from her Enrollment form must appear on these forms, attach label in the box in the upper right corner. You will need to work out individual procedures for handling these forms at your location. An example of a flow chart is provided in the front of the manual, you may adapt it for use in your facility.

The laboratory and radiology group should complete the summary and billing forms and mail them directly to the appropriate AWC! mailing site as soon as possible. The Pap Summary form may be completed by a cytotechnologist or pathologist.

If you switch to a different cytology lab or mammography facility, they must be participating providers in the program in order for patient services to be reimbursed. The Centers for Disease Control and Prevention requires that AWC! Paps must be read at a CLIA-certified or HCFA-licensed lab. Mammograms must be done at a unit that is accredited by the American College of Radiology.

Guidelines for Notifying Patients of Test Results

Please notify all AWC! patients of the results of their screening tests. Abnormal results should be communicated within ten days, along with a plan for arranging for follow-up care. Guidelines for notifying patients are one letter and phone call upon receipt of results, one letter and phone call one week later if no response to notification for abnormal results, all documented in the patient's chart.

If no response, a certified letter is mailed, and return receipt is placed in the patient's medical record. Contact the AWC! Tracking and Care Coordinator if you cannot reach a patient to notify them of test results.

If a woman is diagnosed with breast or cervical cancer through screening in the AWC! Program and has no credible health insurance, she would be eligible for treatment coverage. This coverage is full Medicaid coverage. If a woman is found to have breast or cervical cancer and is need of treatment please call the Tracking and Care Coordinator for more information, 1-(800)-738-2301. (High grades of Cervical pre-cancer that require treatment could also be applicable). There is more information related to treatment coverage on page 5.3. Results may be relayed in person if you prefer.

Tracking

We recommend that someone in your organization be assigned to track AWC! patients. It has been AWC's! observation that tracking works most smoothly when one individual performs this task. You may use whatever system works for you. **Appendix F** contains a manual tracking log that is used by some of our sites. You are free to duplicate and use this log. Contact AWC's! Tracking and Care Coordinator if you would like to discuss tracking ideas or if you would like us to help you develop your own tracking format.

In addition to your tracking, AWC! maintains a centralized database, tracking exam data, test results, follow-up care obtained, and rescreening dates for all enrolled patients. All completed visit forms and test results received by the AWC! Program are entered into this database. We will send you certain standard reports on a regular basis to assist you with your AWC! tracking.

These include:

- Abnormal follow-up reports for your patients who have had abnormal mammograms, Pap smears or clinical breast exams (mailed monthly).
- Reminder lists of patients whose next routine screening is due in approximately two months (mailed monthly).
- List of patient's who have 3 consecutive normal Pap results (mailed every 6 mos.).

Contact the AWC! Tracking and Care Coordinator (see page 1.6) to request other reports as needed, for example:

- A Site Profile, summarizing your site's screening activity to date, including demographic data.
- An alphabetical list of your patients, with services provided and tests results.

Incomplete or Missing Visit Forms

If AWC! receives an incomplete visit form (Enrollment or Return Visit) that we cannot process, we will either phone you for the missing information or return the form to you by mail. The patient's visit information will be entered into our database after we receive the completed form back from you.

AWC! processes Pap smear and mammogram results only after receiving a complete visit form (Enrollment or Return Visit) from you. If after two months we still have not received a Visit form, we will not be able to pay for the services provided to the woman. At that time, the bill received at DAKOTACARE will be denied.

Missing Test Results

Periodically, AWC! will send you lists of any patients whose tests results have not yet arrived at AWC!. To respond to these requests for missing test results, you may photocopy the Pap smear, lab or mammogram results from the patient's chart, indicate the Encounter Number, and return to the AWC! Records Manager (see page 1.6). If the test was not actually done, please follow the instructions given on the request to indicate why, and return to the Records Manager. AWC! will then correct the entry in our database.

Individual charges on your HCFA billing forms are disallowed if information about the service billed is missing from our database.

Return Visits

The initial Enrollment Form should be completed only once for each participant. For return visits done under AWC!, complete the (blue) Return Visit Form (see **Appendix I**). It should be completed for all follow-up visits in which an AWC!-reimbursable service is provided.

Examples of such return visits include: an annual Pap/pelvic/breast exam, a repeat Pap smear or

breast exam, colposcopy, LEEP, cone, endometrial biopsy or fine needle aspiration, a consultation to discuss results of an abnormal AWC! test or repeat chronic disease labs and ordering a follow-up diagnostic mammogram after an abnormal screening mammogram. **Assign a new AWC! Encounter Number for each patient for each return visit.** Attach this number to the Return Visit form and to the Pap Summary, Mammogram Summary and/or Lab Summary for that visit, if applicable.

Recalling Women for Future Screening Exams

We encourage you to remind patients who are enrolled in AWC! when they are due for a return screening appointment. Repeated screening exams at routine intervals provide the best means of detecting cancers in the early stages. Sites may use whatever system you may currently have in place. The AWC! Program will also send a reminder directly to the woman, two months in advance, and if re screen information is completed on the bottom of the visit summary.

Supplies

To order additional AWC! forms or Encounter Number labels, use the order form in **Appendix G** or call (800) 738-2301.

CHAPTER 4

AWC! PATIENT DATA FORMS: INSTRUCTIONS FOR COMPLETION

There are five basic forms for reporting data to AWC! about the services you provide to your AWC! patients.

Enrollment Form (ivory or pink)

- ◆ To document initial AWC! visit only

Return Visit Form (blue)

- ◆ To document any subsequent visits, no matter how much time has elapsed

Mammogram Summary (yellow)

- ◆ To report a summary of the mammogram findings and radiologist's recommendations

Pap Summary (green)

- ◆ To report Pap smear findings

Lab Summary (Gray)

- ◆ To report cholesterol and glucose findings

Each form is explained here, with detailed instruction for individual items. **Items with a (✓) are required data elements.** If these items are incomplete or incorrect, the form will be returned to you for completion.

*******Send forms to AWC! within a week of the date of service.*******

This will enable us to track patients and reimburse you promptly.

Please return forms to:

All Women Count!
South Dakota Department of Health
615 East 4th Street
Pierre, SD 57501-3185

*******Send billing (HCFA1500 or UB-92) to AWC! within a week of the date of service*******

If the patient has private health insurance that does not cover these services you must attach the Explanation of Benefits.

Please send billing to:

All Women Count!
PO Box 1506
Sioux Falls SD 57101-1506

Box 11 on HCFA 1500 must have our insurance ID number for DAKOTACARE- DD11873.
Field 62 on UB-92 must have our insurance ID number for DAKOTACARE- DD11873

Enrollment Form: Ivory or Pink
Version 8/2005

To document initial AWC! visit only.

Questions 1-29 (ivory) or questions 1-40 (pink) are completed by the patient; Questions 30-33 (ivory) or questions 41-45 (pink) are completed by the person determining eligibility; the last page (visit summary) is completed by the clinician.

The following items are common problem areas and should be checked for accuracy and completeness before submitting forms. **Items with a (✓) are required data elements.** If these items are incomplete or incorrect, the form will be returned to you for completion.

PROGRAM DESCRIPTION AND CONSENT FOR RELEASE OF INFORMATION

- ✓ **AWC! Encounter Number.** There must be one that is unique to this visit and patient.
- ✓ **Patient Signature.** Required.
- ✓ **Today's date.** This must be a current date. Often people will "forget" the correct year or put their birth date.

PERSONAL DATA

- ✓ **Birth Date.** A common error is to put today's date.
- Social Security Number.** This information is optional, but allows AWC! to better identify the patient's records.
- ✓ **City.** Required.
- ✓ **Income.** Check to make sure this is a MONTHLY income.
- ✓ **Number of people supported by income.** This is the number of people in the household supported by the above income including: (spouse, children, roommate, etc.)
- ✓ **Insurance copay or deductible.** If the patient can pay her insurance copay or deductible, she is not eligible for the program.
- ✓ **Medicare B or Medicaid:** If the patient is enrolled in Medicare B or Medicaid, she is **NOT** eligible for the program.
- ✓ **Patient Signature.** Required.

- ✓ **Today's date.** This must be a current date. Often people will “forget” the correct year or put their birth date.

ELIGIBILITY DETERMINATION

- ✓ Medicare B or Medicaid: If the patient is enrolled in Medicare B or Medicaid, she is **NOT** eligible for the program.
- ✓ **Income Eligibility.** Required. If the income is more than the guidelines, the patient not eligible for the program. Verify with **appendix A.**
- ✓ **Cervical Screening.** Required. The patient must be a South Dakota resident.
- ✓ **Breast Screening.** Required. If the patient does not meet the age guidelines, you must call AWC! at (800) 738-2301 for pre approval. The patient must be a South Dakota resident.

Please make sure client and person verifying eligibility sign the form and that the date is today's date.

VISIT SUMMARY

- ✓ **Visit date.** This must be the date the client had the office visit.

PATIENT HISTORY

For each screening test or exam (clinical breast exam, mammogram, Pap smear):

1. If you know that a patient has had a prior screening test or exam done, mark the box under **Yes** for that screening and fill in the **month** and **year** that screening took place (leave blank if a date is not known).
2. If you know that prior screening test or exam was not done, mark the box under **No prior exam/test.**
3. If you don't know whether a prior screening test or exam was done, mark the box under **Don't know if done.**

AWC! SERVICES PROVIDED THIS VISIT

Form must indicate that at least one of the following categories of service was provided.

Consult

- ✓ Check if this visit is for a consultation with the clinician when no screening services were provided such as a Pap smear, breast exam, colposcopy, or fine needle aspiration. These consultation visits take place after an abnormal AWC! screening result has been obtained.

Breast Data

- ✓ If a **Breast exam** done this visit is marked **Yes**, **findings** must be reported. Do not report breast exam findings from prior visits. Refer to form for definition of findings.
- ✓ If a **mammogram** is done or ordered it should be marked **Yes**. **If not mark as No**. It is AWC's! expectation that a complete breast cancer screening will include a breast exam in addition to a mammogram.

NOTE: If marking the CBE findings abnormal: suspicious for cancer, follow up is necessary beyond a negative mammogram. Consider an ultra sound, repeat clinical breast exam or a biopsy for appropriate follow up. Please see pages 4, 13 and 14 in the Evaluation of Common Breast Problems.

Cervical Data

- ✓ If a Pap smear is done this visit mark **Yes**.

Chronic Data

- ✓ Today's Height and weight.
- ✓ Two blood pressures.
- ✓ Glucose ordered this visit mark **Yes**.
- ✓ Cholesterol order this visit mark **Yes**

RESCREEN PLAN

Enter a month and year (not an age). If left blank, the patient will not appear on AWC! reminder lists. Annual screening can be done in a 10-14 month period.

*Please put the date you would rescreen patient if test(s) done or ordered today are normal.

Return Visit Form: Blue
Version 8/2005

To document any subsequent visits, no matter how much time has elapsed.

Front page or first two pages are completed by the patient. Eligibility and back page is completed by the clinician.

The following items are common problem areas and should be checked for accuracy and completeness before submitting forms. **Items with a (✓) are required data elements.** If these items are incomplete or incorrect, the form will be returned to you for completion.

PERSONAL DATA AND CONSENT FOR RELEASE OF INFORMATION

- ✓ **AWC! Encounter number.** There must be one that is unique to this visit and patient.
- ✓ **Birth date.** A common error is to put today's date.

Social Security number. This information is optional, but allows SDBCCCP to better identify the patient's record.
- ✓ **City.** Required.
- ✓ **Income.** Check to make sure this is a MONTHLY income
- ✓ **Number of people supported by income.** This is the number of people supported by the above income including: spouse, children, roommate, etc
- ✓ **Insurance co-pay or deductible.** If the patient can pay her insurance co-pay or deductible, she is not eligible for the program.
- ✓ **Medicare B or Medicaid:** If the patient is enrolled in Medicare B or Medicaid she is **NOT** eligible for the program.
- ✓ **Patient signature.** Update every 6-12 months.
- ✓ **Today's date.** There must be a current date. Often people will "forget" the correct year or put their birth date.

VISIT SUMMARY

- ✓ **Visit date.** This must be the date the client had the office visit.

PATIENT HISTORY

For each screening test or exam (clinical breast exam, mammogram, Pap smear):

1. If you know that a patient has had a prior screening test or exam done, mark the box under **Yes** for that screening and fill in the **month** and **year** that screening took place (leave blank if a date is not known).
2. If you know that prior screening test or exam was not done, mark the box under **No prior exam/test**.
3. If you don't know whether a prior screening test or exam was done, mark the box under **Don't know if done**.

AWC! SERVICES PROVIDED THIS VISIT

Form must indicate that at least one of the following categories of service was provided.

Consult

- ✓ Check if this visit is for a consultation with the clinician when no screening services were provided such as a Pap smear, breast exam, colposcopy, or fine needle aspiration. These consultation visits take place after an abnormal AWC! screening result has been obtained.

Breast Data

- ✓ If a **Breast exam** done this visit is marked **Yes**, **findings** must be reported. Do not report breast exam findings from prior visits. Refer to form for definition of findings.
- ✓ If a **mammogram** is done or ordered it should be marked **Yes**. If not done marked **No**. It is AWC's! expectation that a complete breast cancer screening will include a breast exam in addition to a mammogram.

NOTE: If marking the CBE findings abnormal: suspicious for cancer, follow up is necessary beyond a negative mammogram. Consider an ultra sound, repeat clinical breast exam or a biopsy for appropriate follow up. Please see pages 4, 13 and 14 in the Evaluation of Common Breast Problems.

Cervical Data

- ✓ If a Pap smear is done this visit, mark **Yes**.
- ✓ If **Colposcopy, LEEP, cone or endometrial biopsy done this visit** is marked **Yes** (any “yes” category), the prior abnormal Pap result must be entered under **abnormal Pap result** with the **date** it was obtained. Note: the date of the abnormal Pap must be prior to the date of the colposcopy.

Chronic Data

- ✓ Today's Height and weight.
- ✓ Two blood pressures.
- ✓ Glucose ordered this visit mark **Yes**.
- ✓ Cholesterol order this visit mark **Yes**

RESCREEN PLAN

Enter a month and year (not an age). If left blank, the patient will not appear on AWC! reminder lists. Annual screening can be done within a 10-14 month period.

*Please put the date you would rescreen patient if test(s) done or ordered today are normal.

Mammogram Summary: Yellow
Version 11/2000

The following items are common problem areas and should be checked for accuracy and completeness before submitting forms. **Items with a (✓) are required data elements.** If these items are incomplete or incorrect, the form will be returned to you for completion.

IDENTIFYING INFORMATION

(Completed by the referring provider)

- ✓ **Patient name.** Last name, first name, middle initial
- ✓ **AWC! Encounter Number.** This must match the encounter number of the office visit where it was ordered.

MAMMOGRAM INFORMATION

(Completed by the mammography facility)

- ✓ **Facility where mammogram was done.** Please be as accurate and as current as possible on the name. If a mobile unit comes into the facility, record the facility name where the mammogram occurred - NOT the name of the mobile mammography provider.
- ✓ **Mammogram date.** This must be when the mammogram was done, not ordered.
- Radiology #.** The film number assigned by the mammography facility (optional).

RADIOLOGIST'S ASSESSMENT AND RECOMMENDATION (Completed by the Radiologist or radiology facility)

- ✓ **ACR Assessment Category.** Only one category should be checked.
- ✓ **Recommendation.** This should correspond to the ACR Assessment Category.

At the bottom of this form please supply the Radiologist's name, signature, Radiology group, and date dictated. This information allows AWC! to contact the appropriate radiologist if there are questions.

Pap Summary Form: Green
Version 11/2003

The following items are common problem areas and should be checked for accuracy and completeness before submitting forms. **Items with a (✓) are required data elements.** If these items are incomplete or incorrect, the form will be returned to you for completion.

- ✓ **Patient name.** Last name, first name, middle initial
- ✓ **AWC! Encounter Number.** This must match the encounter number of the office visit where the Pap smear was collected.
- ✓ **Date specimen collected.** This date should be the same as the date of the office visit, not the date the lab received it.

PAP SMEAR INFORMATION	(Completed by cytotechnologist or pathologist)
------------------------------	--

- ✓ **Lab name.** Please report the facility where the Pap smear was read.
- ✓ **Specimen type.** A category must be marked.
- ✓ **Specimen Adequacy.** A category must be marked.

FINDINGS pathologist)	(Completed by cytotechnologist or
---------------------------------	-----------------------------------

- ✓ **General Categorization.** Only one category should be checked.
- ✓ **Descriptive Diagnosis.** This should correspond to the General Categorization.
- ✓ **HPV date and result-** This should be done if Pap smear result is ASC-US only.

Lab summary: gray
Version 10/06

The Lab summary form is used with the Chronic Disease Screening /WiseWoman part of the program. If your site offers breast and cervical screening and would like to also offer screening for diabetes and heart disease please call 1-800-738-2301 for more information.

The following items are common problem areas and should be checked for accuracy and completeness before submitting forms. **Items with a check are required data elements.** If these items are incomplete or incorrect, the form will be returned to you for completion.

IDENTIFYING INFORMATION

(Completed by the screening site)

- ✓ **Patient name.** Last name, first name, middle initial
- ✓ **AWC! Encounter Number.** This must match the encounter number of the office visit where it was ordered.

FINDINGS

(Completed by the screening site)

- ✓ **Facility where lab was done.** Please be as accurate and as current as possible on the name.
- ✓ **Lab date.** This must be when the lab was done not ordered
Lab #. This is the specimen# (optional)
- ✓ **Fasting status**
- ✓ **Screening results.** Blood Glucose and Lipid results (Cholesterol and HDL)

CHAPTER 5

FOLLOW-UP OF WOMEN WITH ABNORMAL RESULTS

AWC! monitors the outcome of all patients with abnormal screening tests to ensure that women obtain adequate follow-up and to evaluate the effectiveness of the AWC! screening program. Keep in mind that the vast majority of women screened are likely to have normal results, and that only a small proportion of those with abnormal results will be found to have cancer after a diagnostic work-up. Based on pooled national data, it is estimated that for every 100 screening mammograms, seven will be abnormal, and less than one cancer will be found. Invasive cervical cancer is far less common ; similar data suggest that for every 1,000 screening Pap smears, less than one invasive cancer will be found. However, a larger number of women will require evaluation and treatment for pre-invasive cervical dysplasia, and this will vary according to the risk status of the population screened.

A patient with an abnormal screening result should be notified as quickly as possible and helped to arrange follow-up care. The AWC! Tracking and Care Coordinator (see page 1.6) is available to assist you in locating resources. If a woman has no health insurance and has been diagnosed through screening and diagnostic services through the Program (by biopsy with cervical pre-cancer (CIN I CIN II), cancer or breast cancer) call the TFU coordinator for information on Treatment coverage.

Reporting Follow-up Information to AWC!

Approximately 30 days after the report of an abnormal screening test, AWC! will send you an “Abnormal Follow-up Report” requesting follow-up information on the patient. You will be asked to complete the AWC! Abnormal Screening Follow-up Report and return it within two weeks. If the patient’s diagnostic work-up or treatment is incomplete at the time, indicate the

current status on the form and we will request further information later. AWC! recommends that one individual at your screening site have responsibility for receiving and replying to these requests for follow-up information. If you refer patients out to another location for follow-up care, we encourage you to develop a way of ensuring that the results of that care are routinely reported back to your screening site. This will improve your own understanding of the care obtained by your patients, and will better enable you to report information to AWC! quickly.

Suggested Practice Guidelines for Follow-up of Abnormal Pap Smears and Breast Abnormalities

Guidelines for the follow-up of abnormal Pap smear and breast abnormalities results are included in **Appendix D**. The guidelines are not intended to dictate practice, but rather to serve as a standard against which the program can monitor follow-up care received by program participants.

Diagnostic and Treatment Services for Underinsured and Uninsured Women

Because the AWC! recognizes and understands the challenges inherent in securing affordable medical care for uninsured or underinsured women, our staff continues to seek sources of care that meet the needs of these women. Some diagnostic procedures are covered by All Women Counts! For a complete list of covered services, refer to Appendix C. If a woman is screened through All Women Count! and found to be in need of treatment for breast or cervical cancer, there is coverage available. The woman must be uninsured and meet AWC! guidelines. The woman is entitled to full Medical Assistance coverage until her treatment is completed. Through the joint efforts of AWC! and a number of providers and organizations in the Women's Cancer

Network, other resources are sometimes available for women needing either diagnostic or treatment procedures not covered by the program. Contact the AWC! Tracking and Care Coordinator at (800) 738-2301.

CHAPTER 6

BILLING AND ADMINISTRATIVE ISSUES

Provider Agreements

DAKOTACARE is a partner in the All Women Count! Program and supports the program's mission to provide breast and cervical cancer screening for South Dakota women meeting the age and income guidelines. DAKOTACARE has agreed to reimburse participating providers for breast and cervical cancer screening services on behalf of the program.

Provider agreements will be signed with All Women Count! Every two years; however, it is important to note that the AWC! Program is **not an insurance program**. Billing, payment, and other administrative issues are covered in more detail in the provider agreement. Please familiarize yourself with the agreement.

A completed agreement with either a participating provider or a participating hospital automatically places you on the provider list which is circulated across the state through many public health agencies and voluntary health organizations. You may receive inquiries from women from these contacts as well as from organized outreach efforts.

What Services will AWC! Reimburse?

AWC! will only reimburse for the following CPT codes:

Please refer to Appendix C.

These codes and reimbursement rates are an addendum to the provider agreements and will be in effect unless you receive written notification. In most cases, this will be necessitated by a change in Medicare Part B reimbursement rates for South Dakota which happens on or about February 1 of each year. As required by federal legislation, AWC! reimbursement rates are based on prevailing Medicare Part B rates for the state of South Dakota.

No other CPT codes are accepted by our system and will be disallowed if billed. The clinic determines the appropriate visit code to be billed. The only restrictions are that only one new patient visit is allowed per patient and the new patient charge should be used for patients new to your clinic, not the program.

Who Should Be Billed?

AWC! services must be free to all eligible program participants. **The patient must never be billed for AWC! covered services.** You may bill participants for non-covered services provided during an AWC! visit (certain blood tests, medications, etc.). However, please notify the patient before hand that these additional services will be their responsibility. AWC! is advertised as a free program and some patients may be confused if billed for additional services.

If the patient has any type of coverage that might pay for the services you must collect from those sources. AWC! is the payer of last resort. If you think that AWC! services will not be covered by the patient's insurance, you need to wait for a denial or Explanation of Benefits (EOB) before billing AWC!. AWC! DOES require a copy of the denial or EOB with the bill.

We ask that you submit the insurance claim so that the patient receives credit toward the deductible.

Bills for AWC! eligible patients who are insured but whose primary carrier does not send payment directly to the provider, must be accompanied by a copy of the Explanation of Benefits. This EOB may be obtained from the patient or the primary carrier. Once the EOB is received, the provider may then file their claim (with the EOB attached) to the AWC! Program (PO Box 1506, Sioux Falls SD 57101-1506).

Who Bills AWC!?

Your screening site should have a Provider Agreement with AWC! in order to bill AWC! for all **COVERED** services. If you refer certain services out to others (e.g. mammography, radiology, colposcopy, cytology, etc.), those providers may bill the AWC! Program directly for the services they perform. The provider that you subcontract these services to must have signed a Provider Agreement with AWC! or the AWC! Program cannot reimburse for these services. Under certain circumstances those providers with whom you subcontract can bill you and you, in turn, bill AWC!. Please discuss these arrangements with AWC! at (800) 738-2301.

How Do You Bill AWC!?

HCFA 1500's and UB 92's are the only accepted billing forms for services. Only AWC! allowable services should appear on the form and the insurance identifier (DD11873) must appear in Box 11 on HCFA 1500 or Field 62 on the UB-92.

Submit the billing forms (HCFA 1500 or UB-92) to:

All Women Count!
PO Box 1506
Sioux Falls SD 57101-1506

Submit the colored AWC! forms (pink, ivory, blue, green, yellow and gray) to:

All Women Count!
615 E 4th
Pierre SD 57501

What Amount Do I Bill AWC!?

AWC! reimburses based on current Medicare rates. **If a portion of the charges have been covered by any type of third party coverage**, you must submit the EOB with your claim and adjust the amount billed. AWC! providers have agreed in the Provider Agreement to accept AWC! rates as full payment for covered services. AWC! will reimburse you only for the difference in what insurance has paid and the allowable rate. You may bill AWC! at your usual and customary rate, however, you will be paid at the Medicare B rate. **Again, the patient cannot be billed the balance.**

Who Receives the Check?

Participating providers will receive checks from DAKAOTACARE on behalf of the AWC! Program.

If a charge is billed and we have not received the results, (screening / diagnostic reports) or visit summary, we will suspend the charge for 60 days in anticipation of the paperwork. When the

paperwork is received, the charge will automatically be paid. If after 60 days the paperwork has not been received, the charge will be disallowed and then need to be rebilled when the results have been received by the AWC! Program.

Charges will be disallowed immediately under the following circumstances: the patient does not meet age or income eligibility and pre-authorization has not been obtained; the procedure billed is not marked as done on the visit summary; or when a charge has been previously submitted. It is very important that the Enrollment Form and visit summary be filled out correctly. Several examples of problems on the Enrollment Form are as follows:

- 1) A birth date written in as today's date.
- 2) A birth date year written in as this year.

All of these errors would cause a charge to be disallowed. Examples of problems on the visit summary are as follows:

- 1) Mammogram not marked as ordered.
- 2) Pap smear or colposcopy not marked as done.
- 3) Colposcopy marked as done without abnormal Pap smear results.
- 4) Mammogram done on patient less than 50 without abnormal CBE marked (i.e., discrete lump or mass; nipple scaling or discharge; or skin dimpling, retraction, or edema) and pre-approval not requested from AWC!

Again, all of these examples would result in a charge being disallowed.

There may be other occasions when charges will be disallowed but the reason will be explained to you. Examples would be the following:

- 1) Billing for a CPT code not on our reimbursement rate schedule.
- 2) Billing for an encounter number where the patient name is different from the name on the bill.
- 3) Billing twice for a new patient visit on the same person.

Any charge that has been disallowed can be re billed if the charge is valid and the error has been corrected.

Who Do I Call With Problems?

If you have questions about general billing policy, insurance issues, specific charges, please call All Women Count!, at (800) 738-2301.

AWC! Denial Reasons! What Do They Mean?

01 Charges exceed our fee schedule or maximum allowable amount

Means: Amount of payment is more than the Medicare B rate and the remainder must be written off

02 Charges previously processed, refer to your prior explanation of benefits statement

Means: The claim was sent to AWC! more than one time

REMINDER: Please wait for a claim to pay or deny before resubmitting

08 Charges paid or payable by other carrier

Means: Women has either Medicaid, Medicare or Private Health Insurance

REMINDER: If a woman is has Medicaid or Medicare they are not eligible for AWC!

15 This service, supply or appliance is not covered

Means: The diagnosis on the bill is not related to breast or cervical cancer screening or the procedure code billed does not appear on our CPT code listing sent to you in January of each year.

16 Services prior to the effective date of coverage

Means: The date of services was before her enrollment date on the women's enrollment form

17 Services after termination of coverage

Means: The woman has left the program and bills are dated after that date.

18 This person not is covered

Means: The woman has Medicaid or Medicare, does not meet age or income guidelines or she has not completed an enrollment form or return visit form for the current year

24 Information necessary to process this charge was requested and not received

Means: A request for reports/summaries was sent to the lab, clinic or mammography facility and they were not sent to AWC!

CHAPTER 7

APPENDICES

APPENDIX A

All Women Count! **South Dakota** **Breast and Cervical Cancer Control Program** **Income Guidelines for Screening Eligibility**

Family Size	Annual Income	Monthly Income	Weekly Income
1	\$20,420	\$1,702	\$ 393
2	27,380	2,282	527
3	34,340	2,862	660
4	41,300	3,442	794
5	48,260	4,022	928
6	55,220	4,602	1,062
7	62,180	5,182	1,196
8	69,140	5,762	1,330
9	76,100	6,342	1,463
10	83,060	6,922	1,597
11	90,020	7,502	1,731
12	96,980	8,082	1,865
13	103,940	8,662	1,999
14	110,900	9,242	2,133
15	117,860	9,822	2,267

- **Husband-wife combined income before taxes should be at or below levels listed for family size.**
- **Single income before taxes should be at or below levels listed for family size.**
 - **For further clarification, call the South Dakota Department of Health, All Women Count! Program at 1-800-738-2301.**

Effective March 1 2007

APPENDIX B

SCREENING ELIGIBILITY GUIDELINES FOR AWC!

RESIDENT OF SOUTH DAKOTA

- **Must be a resident of South Dakota to qualify for program.**

INSURANCE STATUS

- **Must be uninsured or underinsured (co-payment, limited coverage, unmet deductible) to qualify for program.**
- **Medicaid and Medicare B (NOT eligible for AWC!)**

INCOME

- **Must meet income guidelines to qualify for program. (Refer to orange worksheet for income allowances or Appendix A)**

AGE

- **Must meet age guidelines to qualify for program.**

-30 to 64 for cervical cancer and chronic disease screening
-50 to 64 for breast cancer screening

SPECIAL CIRCUMSTANCE

- **Women 30-49 with these clinical symptoms**

-documented breast signs or symptoms suspicious for cancer (i.e. palpable lump, bloody discharge, nipple inversion, ulceration, dimpling or inflammation of the skin)

-call AWC! At 1-800-738-2301 for pre-approval for any woman not meeting age guidelines

***Family History-** 75% of women diagnosed with breast cancer does not have a first relative with breast cancer.

APPENDIX C

ALL WOMEN COUNT! PROGRAM
PAYMENT SCHEDULE OF ALLOWED SERVICES BY CPT CODE
EFFECTIVE January 1, 2007

CPT CODE	SERVICE DESCRIPTION	2007 RATE
00400	Anesthesia for procedures on the anterior trunk and perineum	50%UCR
10021	Fine needle aspiration without imaging guidance	\$115.28
10022	Fine needle aspiration with imaging guidance	\$123.64
19000	Puncture Aspiration of Cyst of Breast	\$93.90
19001	Aspiration, each additional Cyst	\$23.46
19100	Biopsy of Breast; Needle Core	\$114.34
19101	Biopsy of Breast; Incisional	\$263.11
19102	Biopsy of Breast; percutaneous, needle core, using imaging guidance	\$191.44
19103	Biopsy of Breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	\$491.82
19120	Excision of Cyst, Fibroadenoma, or Other Benign or Malignant Tumor Aberrant Breast Tissue, Duct Lesion or Nipple Lesion (except 19140)	\$367.75
19125	Excision of Breast Lesion Identified by Preoperative Placement of Radiological Marker; Single Lesion	\$404.88
19126	Excision, Each Additional Lesion	\$139.26
19290	Preoperative Placement of Needle Localization Wire, Breast	\$136.47
19291	Each Additional Lesion	\$60.68
19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy	\$84.08
57452	Colposcopy without Biopsy	\$95.99
57454	Colposcopy with Directed Cervical Biopsy	\$137.43
57455	Colposcopy with biopsy(s) of the cervix	\$127.40
57456	Colposcopy with endocervical curettage	\$120.06
57460	Colposcopy with loop electrode biopsy(s) of the cervix	\$282.11
57461	Colposcopy with loop electrode conization of the cervix	\$312.25
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration	\$121.94
57505	Endocervical curettage (not done as part of a dilation and curettage).	\$88.89
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage; with or without repair; cold knife or laser.	\$273.00
57522	Loop electrode excision	\$232.88
77031	Stereotactic Localization (Breast Biopsy, Each Lesion, Radiologic Supervision	\$234.16

	and Interpretation)	
77031-TC	Stereotactic Localization for Breast Biopsy, Each Lesion, Radiologic Supervision and Interpretation	\$161.63
77031-26	Stereotactic Localization for Breast Biopsy, Each Lesion, Radiologic Supervision and Interpretation	\$72.53
77032	Preoperative Placement of Needle Localization Wire, Breast Radiological Supervision and Interpretation	\$62.08

77032-TC	Preoperative Placement of Needle Localization Wire, Breast Radiological Supervision and Interpretation	\$36.81
77032-26	Preoperative Placement of Needle Localization Wire, Breast Radiological Supervision and Interpretation	\$25.27
77055	Diagnostic Mammogram - Unilateral (2 views of 1 breast)	\$45.75
77055-TC	Diagnostic Mammogram - Unilateral (Technical/Facility Only)	\$37.89
77055-26	Diagnostic Mammogram - Unilateral (Professional Only)	\$7.85
77056	Diagnostic Mammogram - Bilateral - 4 views (2 of each breast)	\$86.85
77056-TC	Diagnostic Mammogram - Bilateral (Technical/Facility Only)	\$47.58
77056-26	Diagnostic Mammogram - Bilateral (Professional Only)	\$39.27
77057	Screening Mammogram - Bilateral - 4 views (2 of each breast)	\$72.79
77057-TC	Screening Mammogram (Technical/Facility Only)	\$41.06
77057-26	Screening Mammogram (Professional Only)	\$31.73
G0202	Screening Mammogram, Digital, Bilateral	\$115.53
G0202-TC	Screening Mammogram, Digital, Bilateral (Technical/Facility Only)	\$83.80
G0202-26	Screening Mammogram, Digital Bilateral (Professional Only)	\$37.73
G0204	Diagnostic Mammogram, Digital, Bilateral	\$125.68
G0204-TC	Diagnostic Mammogram, Digital, Bilateral (Technical/Facility Only)	\$86.41
G0204-26	Diagnostic Mammogram, Digital, Bilateral (Professional Only)	\$39.27
G0206	Diagnostic Mammogram, Digital, Unilateral	\$101.27
G0206-TC	Diagnostic Mammogram, Digital, Unilateral	\$69.54
G0206-26	Diagnostic Mammogram, Digital, Unilateral	\$31.73
76098	Radiological Examination, Surgical Specimen	\$20.01
76098-TC	Radiological Examination, Surgical Specimen	\$12.85
76098-26	Radiological Examination, Surgical Specimen	\$7.16
76645	Ultrasound Interpretation After Mammogram	\$66.38
76645-TC	Ultrasound Interpretation After Mammogram (Technical/Facility Only)	\$41.81
76645-26	Ultrasound Interpretation After Mammogram (Professional Only)	\$24.57
76942	Ultrasound Guidance Needle Biopsy	\$96.22
76942-TC	Ultrasound Guidance Needle Biopsy	\$65.63
76942-26	Ultrasound Guidance Needle Biopsy	\$30.59
87621	Papillomavirus, human, amplified probe technique	\$49.04
88141	Cytopathology Smear, Cervical or Vaginal Requiring Interpretation by a Physician	\$21.70

88164	Cytopathology Smear, Cervical or Vaginal, TBS, Technician	\$14.76
88172	Evaluation of Fine Needle Aspiration with or without Preparation of Smears - Immediate Cytohistologic Study	\$46.17
88172-TC	Evaluation of Fine Needle Aspiration (Technical/Facility Only)	\$17.42
88172-26	Evaluation of Fine Needle Aspiration (Professional Only)	\$28.75
88173	Interpretation and Report of Fine Needle Aspiration	\$120.08
88173-TC	Interpretation and Report of Fine Needle Aspiration (Technical/Facility Only)	\$53.96
88173-26	Interpretation and Report of Fine Needle (professional only)	\$66.12
88305	Surgical Pathology/Biopsy Lab	\$91.24
88305-TC	Surgical Pathology/Biopsy Lab (Technical/Facility Only)	\$55.39
88305-26	Surgical Pathology/Biopsy Lab (Professional Only)	\$35.85
88307	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins	\$170.44
88307-TC	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins (Technical/Facility Only)	\$94.34
88307-26	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins (Professional Only)	\$76.10
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen.	\$79.54
88331-TC	Pathology consultation, (Technical/Facility Only)	\$22.43
88331-26	Pathology consultation, (Professional Only)	\$57.11
88332	Pathology consultation during surgery, each additional tissue block with frozen section(s)	\$35.99
88332-TC	Pathology consultation during surgery, each additional tissue block with frozen section(s) (Technical/Facility Only)	\$7.95
88332-26	Pathology consultation during surgery, each additional tissue block with frozen section(s) (Professional Only)	\$28.04
99070	Supplies and materials provided by the physician over and above those usually included with the office visit or other services rendered.	90% of UCR
99201	Office Visit for New Patient - Problem Focused - 10 Minutes	\$32.47
99202	Office Visit for New Patient – Expanded Problem Focus - 20 Minutes	\$57.17
99203	Detailed Office Visit for New Patient – Low Complexity - 30 Minutes	\$84.75
99211	Office Visit for Established Patient – Minimal Problem - 5 Minutes	\$17.98
99212	Office Visit for Established Patient – Problem Focused - 10 Minutes	\$33.45
99213	Office Visit for Established Patient – Expanded Problem Focused - Low Complexity - 15 Minutes	\$55.30
99241	Office Consultation - Problem Focused - New or Established Patient	\$44.31
99242	Office Consultation - Expanded Focus - New or Established Patient	\$82.36
99243	Office Consultation - Detailed Focus – New or Established Patient	\$112.98
99244	Consult visit- 60 minutes face to face with patient	\$167.37
99385	Initial Preventive Medicine Evaluation – 30-39 Years	\$51.50
99386	Initial Preventive Medicine Evaluation – 40-64 years	\$51.50
99387	Initial Preventive Medicine Evaluation – 65 years and older	\$51.50

99395	Periodic Preventive Medicine Evaluation – 30-39 Years	\$51.50
99396	Periodic Preventive Medicine Evaluation – 40-64 years	\$51.50
99397	Periodic Preventive Medicine Evaluation – 65 years and older	\$51.50

January 1, 2007

Revised February 2007

All Women Count! Chronic Disease Screening Program
Screening Services by CPT Code and Medicare B Rate
Effective January 1, 2007

CPT Code	Service	Medicare B Rate
Screening Tests		
36415	Routine venipuncture or finger/heel/ear stick or collection of specimen	\$ 3.00
80053	Comprehensive metabolic panel	\$ 14.77
80061	Lipid Panel	\$ 18.72
80061QW	Lipid Panel (CLIA Waived)	\$ 18.72
82465	Cholesterol, total	\$ 6.08
82465QW	Cholesterol, total (CLIA Waived)	\$ 6.08
82947	Glucose; quantitative	\$ 5.48
82947QW	Glucose; quantitative (CLIA Waived)	\$ 5.48
82948	Glucose; blood, reagent strip	\$ 4.43
83718	HDL cholesterol	\$ 11.44
83718QW	HDL cholesterol (CLIA Waived)	\$ 11.44
83721	LDL cholesterol	\$ 13.33
84478	Triglycerides	\$ 8.04
84478QW	Triglycerides (CLIA Waived)	\$ 8.04
99201	Office visit for new patient – problem focus – 10 minutes face to face	\$ 32.47
99202	Office visit for new patient – expanded problem focus – 20 minutes face to face	\$ 57.17
99203	Office visit for new patient – low complexity – 30 minutes face to face	\$ 84.75
99211	Office visit for established patient – minimal problem – 5 minutes face to face	\$ 17.98
99212	Office visit for established patient – problem focus – 10 minutes face to face	\$ 33.45
99213	Office visit for established patient –expanded problem focus – 15 minutes face to face	\$ 55.30
99241	Consultation visit – problem focus – 15 minutes face to face	\$ 44.31
99242	Consultation visit – expanded focus – 30 minutes face to face	\$ 82.36
99243	Consultation visit – detailed focus – 40 minutes face to face	\$112.98
99385	Initial Preventive Medicine Evaluation – 30-39 Years	\$ 51.50
99386	Initial Preventive Medicine Evaluation – 40-64 Years	\$ 51.50
99387	Initial Preventive Medicine Evaluation – 65+ Years	\$ 51.50
99395	Periodic Preventive Medicine Evaluation – 30-39 Years	\$ 51.50
99396	Periodic Preventive Medicine Evaluation 40-64 Years	\$ 51.50
99397	Periodic Preventive Medicine Evaluation – 65+ Years	\$ 51.50
Intervention Codes		
99411	Risk Reduction Counseling, Group setting , 30 minutes	\$ 6.12

99429	Risk Reduction Counseling, Individual, 15 minutes	\$15.76
	Diagnostic Tests (Not to be used for screening)	
81001	Urinalysis, complete	\$ 4.43
81003	Urinalysis, dipstick	\$ 3.14
82043	Microalbumin, quantitative	\$ 8.09
82044	Microalbumin, semiquantitative (eg. Reagent strip assay)	\$ 6.39
82310	Calcium; total	\$ 7.20
82565	Creatinine: Blood	\$ 7.16
82570	Creatinine; other source	\$ 7.23
82575	Creatinine: Clearance	\$ 13.20
82951	Glucose tolerance test (GTT), three specimens	\$ 17.99
83036	Hemoglobin, glycated (HbA1c)	\$ 13.00
83036QW	Hemoglobin, glycated (HbA1c) (CLIA Waived)	\$ 13.00
84132	Potassium; serum	\$ 6.42
84550	Uric acid; blood	\$ 6.31

January 1, 2007

APPENDIX D

SUGGESTED PRACTICE GUIDELINES FOR CERVICAL CANCER SCREENING

ADEQUACY OF SPECIMEN

Endocervical component present	Follow-up determined by diagnosis and protocol
No endocervical component present	
Pregnant or menopausal	Follow-up determined by descriptive diagnosis and protocol
Premenopausal with cervix	Consider repeat pap smear

BENIGN CELLULAR CHANGES

Infection	Consider wet mount and treat infection. Follow routine pap smear frequency
Reactive inflammatory change	Consider wet mount and treat infection and/or repeat pap smear at 6 months
Atrophy with inflammation	Consider treating with estrogen if no contraindications and repeat pap smear
Obscuring inflammation	Consider wet mount and treat infection and repeat pap smear at 3 months

SQUAMOUS CELL ABNORMALITIES

Atypical Squamous Cells of Undetermined Significance: (ASCUS)	
Non-compliant or qualified as pre-malignant lesion	Colposcopy or consider referral for gynecological consult
Not qualified or if reactive process; or significant cellular atypia	Repeat pap smear within 6 months or consider referral for gynecological consult. Continued significant atypia - colposcopy
With severe inflammation	Consider treatment of inflammation and repeat pap smear every 6 months or consider gynecological referral
Atrophy (post menopausal and not on HRT)	Consider treatment with estrogen if not contraindicated and repeat pap smear after treatment completed or consider gynecological referral, if continued atypia - colposcopy
Low Grade Squamous Intraepithelial Lesion (LGSIL) encompassing HPV/mild dysplasia	
High Risk Patient	Colposcopy
Low Risk Patient	Repeat Pap smear in 3-4 months or colposcopy - if LGSIL present on repeat pap smear do colposcopy and biopsy
High Grade Squamous Intraepithelial Lesion (HGSIL) encompassing moderate and severe dysplasia and Carcinoma in Situ (CIS)	
All patients	Refer for colposcopy
Squamous Cell Carcinoma	Refer immediately for gynecological consult. Do not repeat pap smear.

GLANDULAR CELL ABNORMALITIES

Atypical Glandular Cells of Undetermined Significance (AGUS)	Refer for gynecological consult
Endometrial cells cytologically benign	No specific follow-up
Endometrial cells cytologically atypical or abnormal	See report for follow-up requirement
Endocervical adenocarcinoma or endometrial adenocarcinoma	Refer immediately for gynecological consult

SUGGESTED PRACTICE GUIDELINES FOR BREAST HEALTH

Age 35 or Younger	
Palpable mass (client <20 years old)	Suspect fibroadenoma. Refer to surgeon.
Palpable mass (client ≥20 years old)	Refer to surgeon or breast specialist to determine treatment, (ultrasound, aspiration or biopsy).
Vague thickening	Re-examine mid-cycle for 1-3 cycles. if Resolved, regular screen if Continued concern, refer to surgeon or qualified breast specialist.

Age 35 to 49	
Normal exam, no palpable mass (age 35-40)	Breast exam as recommended per physician.
Normal exam, no palpable mass (age 40-49)	Screening mammogram: evaluate risk, screen every 1-2 years if appropriate. Report determines follow-up:
	Negative (I) - Notify for rescreening.
	Benign (II) - Notify for recommended recall interval.
	Incomplete (III) - Inconclusive or probably benign - Further diagnostic work-up as recommended by radiologist.
	Suspicious or highly suggestive of cancer (IV or V) - Refer to surgeon or qualified breast specialist within 5 working days.
Abnormal exam, palpable mass	Diagnostic mammogram and referral to surgeon or qualified breast specialists.

Age 50 and Older	
Normal exam, no palpable mass	Screening mammogram. Report determines follow-up:
	Negative (I) - Rescreen in 1 year.
	Benign (II) - Recall as recommended.
	Incomplete, inconclusive, or probably benign (III) - Further diagnostic work-up per radiologist.
	Suspicious or highly suggestive of cancer (IV or V) - Refer to surgeon or qualified breast specialists within 5 working days.
Abnormal exam, palpable mass	Diagnostic mammogram and referral to surgeon or qualified breast specialists.

Developed By: North Carolina Comprehensive Breast and Cervical Cancer Coalition, 1995.
 Approved By: South Dakota Foundation for Medical Care, South Dakota Medical Association, 1996.

Additional References available on request.

APPENDIX E

AWC! ELIGIBILITY PRE-SCREEN

1. **Age:** Under 30 not eligible. **STOP HERE.** Refer to Family Planning Clinic for Pap Tests.

30 to 64 may be eligible for Pap smear exam, Lipid Panel and glucose. Proceed to #2.

50 to 64 will be eligible for screening mammogram, in addition to the above tests. Proceed to #2.
2. **Do you have any health insurance?**

NO: Proceed to #3.

YES: 2a. does it cover Pap smears, breast exams, and/or mammograms?
2b. is there a co-payment or an unmet deductible?

If insurance covers these services and she has met her deductible and she has no co-payment, stop here- she is not eligible. Schedule her appointment to be billed to insurance. If she has an unmet deductible or co-payment, proceed to #3.
3. **Household income** _____ Use pre-tax amount (For self-employed or farmers: use household net taxable income after business expenses are deducted)

Family size: _____

Compare with AWC! chart. If below income cutoff, she is eligible.

If she meets all of these criteria, tell her that she appears to be eligible and refer her to a provider or schedule her for an appointment.
4. Age 30-49, requesting a mammogram: AWC! pays for mammograms on women ages 30-49 only if they have a documented lump, nipple discharge, inverted nipple, skin ulceration, or other symptoms suspicious for breast cancer. Must have pre-authorization from AWC! 800-738-2301.) Please be prepared to do additional follow up if the mammogram comes back with a negative or benign result.

APPENDIX F

TRACKING LOGS

Instructions:

1. Enter each AWC! patient in the “All Women Count! Program” log as soon as possible after her visit. If she has an abnormal breast exam or a Pap smear on that day, also enter her in the “Abnormal Pap/Colposcopy” log or the “Abnormal Breast Screening” log.
2. Enter Pap and mammogram results in this log immediately upon receipt in your clinic.
 - 2a. If results are **normal**, this is where the process ends. AWC! will notify you and the patient when she is due to return for routine screening.
 - 2b. If results are **abnormal**, enter her in the appropriate Abnormal log. Continue to track until her diagnostic workup and treatment are completed, and you have sent follow-up information to the AWC! Tracking and Care Coordinator.

NOTE: Please do not send copies to AWC! - they are for your use only.

APPENDIX F

ALL WOMEN COUNT! PROGRAM

Visit Date	Name	Chart #	AWC! Encounter #	Clinician	Service							Pap Results	Mammogram Results	Patient Notified of Results	Comments
					Pap	CBE	Mamm	Colpo	Glucose	Cholesterol	HDL				

AWC! ABNORMAL BREAST SCREENING LOG

Date	Name	Chart #	AWC! Encounter #	Abnormal Breast Exam?	Mamm Date	Mammogram Results	F/U recommended					Date F/U done	Rec. return date	AWC! F/U Rpt. Send	Comments
							FNA	Repeat Mamm	Ultra- sound	BX	Other				

AWC! ABNORMAL PAP/COLPOSCOPY LOG

[illegible]

APPENDIX G

AWC! CLINICAL FORMS AND SUPPLIES ORDER FORM

Please reorder BEFORE you run out!! Allow 2 weeks for forms, 2-3 weeks for encounter labels. Call (605) 773-4379, fax (605) 773-5509, or mail this form to: All Women Count! Program, South Dakota Department of Health, 615 East Fourth Street, Pierre, SD 57501.

Quantity

Enrollment Form (ivory)

Enrollment Form (pink)

Return Visit Form (blue)

Pap Smear Summary (green)

Mammogram Summary (yellow)

Lab Summary (gray)

Chart Labels

Encounter # Labels: Clinic's 3 letter code _____ Last 100# (100, 200, 300, etc.) _____

For AWC! use only

Mail to (include contact name):

Phone Number (_____) _____

Received:

Mailed:

APPENDIX H

AWC! TRACKING FORMS

Enrollment Form (ivory)

Enrolment Form (pink)

Return Visit Form (blue)

Mammogram Summary (yellow)

Pap Smear Summary (green)

Lab Summry (gray)

CHAPTER 8

SUPPLEMENTAL MATERIALS

Website for ordering Department of Health materials/including AWC! brochures

<https://www.state.sd.us/applications/PH18Publications/secure/PubOrder.asp>

Website for All Women Count!

<http://www.state.sd.us/doh/AllWomenCount/>

AWC! Denial Reasons! What Do They Mean?

01 Charges exceed our fee schedule or maximum allowable amount

Means: Amount of payment is more than the Medicare B rate and the remainder must be written off

02 Charges previously processed, refer to your prior explanation of benefits statement

Means: The claim was sent to AWC! more than one time

REMINDER: Please wait for a claim to pay or deny before resubmitting

08 Charges paid or payable by other carrier

Means: Women has either Medicaid, Medicare or Private Health Insurance

REMINDER: If a woman is has Medicaid or Medicare they are not eligible for AWC!

15 This service, supply or appliance is not covered

Means: The diagnosis on the bill is not related to breast or cervical cancer screening or the procedure code billed does not appear on our CPT code listing sent to you in January of each year.

16 Services prior to the effective date of coverage

Means: The date of services was before her enrollment date on the women's enrollment form

17 Services after termination of coverage

Means: The woman has left the program and bills are dated after that date.

18 This person not is covered

Means: The woman has Medicaid or Medicare, does not meet age or income guidelines or she has not completed an enrollment form or return visit form for the current year

24 Information necessary to process this charge was requested and not received

Means: A request for reports/summaries was sent to the lab, clinic or mammography facility and they were not sent to AWC!